

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10697525

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 17            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 56 minus 20 = | 36           |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | -            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

10-2405

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 69                             | Minus ** 56                        | = 13          |
| Independent   | * 1                              | Minus *** 3                        | = -           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     | 648    |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     | 290    |
| TOTAL     |        | OR | TOTAL     | 1708   |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDI-TIONAL FEE |    | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| XS 9=            |                 | OR | XS18=            | 650.00          |
| X43=             |                 | OR | X86=             |                 |
| +145=            |                 | OR | +290=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE | 650.00          |

| RATE             | ADDI-TIONAL FEE |    | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| XS 9=            |                 | OR | XS18=            |                 |
| X43=             |                 | OR | X86=             |                 |
| +145=            |                 | OR | +290=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

| RATE             | ADDI-TIONAL FEE |    | RATE             | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| XS 9=            |                 | OR | XS18=            |                 |
| X43=             |                 | OR | X86=             |                 |
| +145=            |                 | OR | +290=            |                 |
| TOTAL ADDIT. FEE |                 | OR | TOTAL ADDIT. FEE |                 |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$120.00)

### Complete If Known

Application Number 10/697,525  
Filing Date 10/30/2003  
First Named Inventor Ingo KONETZKI  
Examiner Name HENLEY III, R.J.  
Art Unit 1614  
Attorney Docket No. 1/1418

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: 02-2955 Deposit Account Name: Boehringer Ingelheim Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

#### 2. EXCESS CLAIM FEES

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple dependent claims   | 360      | 180                   |

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  
- 20 or HP = 50.00 x 50.00 = 360.00 Fee (\$) Fee Paid (\$)  
HP = highest number of total claims paid for, if greater than 20  
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  
- 3 or HP = 200.00 x 200.00 = 360.00 Fee (\$) Fee Paid (\$)  
HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
- 100 = 50 / 50 = 1 (round up to a whole number) x 250.00 = 250.00 Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other: One Month Extension

120.00

#### SUBMITTED BY

Signature Andrea D. Small Registration No. 54,859 Telephone 203-798-4816  
(Attorney/Agent)  
Name (Print/Type) Andrea D. Small Date October 20, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/26/2005 MWDLG1 00000003 022955 10697525  
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